

Part C State Performance Plan (SPP) for 2005-2010**Overview of the State Performance Plan Development:**

See page 1 of the State Performance Plan.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and**
- B. National data.**

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to National data.

Overview of Issue/Description of System or Process:

As lead agency for Part C the Department of Education is responsible for Child Find in South Dakota. Through an interagency agreement, Departments of Health, Social Services, and Human Services are collaborative partners in this effort. At the regional level, Part C sponsors nine regional area programs that hire twenty-three service coordinators to receive and act on referrals. There are sixty-six counties in the state. Each service coordinator covers specific counties. There are 168 local school districts that are responsible for evaluating all children referred to determine eligibility for Part C. The service coordinator works closely with each school district to arrange evaluations. Service Coordinators also play a major role in maintaining contact with primary referral sources in their area. Special effort is made to reach out to all birthing facilities in the state including the 3 Neonatal Infant Care Units to educate staff about referrals and encourage appropriate referrals for infants. The majority of the referrals are screened by their service coordinator as part of the child find process to help the family decide whether to proceed with an evaluation. However, no referral is denied an evaluation if the parent requests one regardless of the outcome of the screening.

When a referral is received by Birth to 3 Connections and the service coordinator is helping the family decide whether they wish to move forward, a screening is completed if that has not already been done. Typically the Ages & Stages screening tool is used. For those children who have been referred from the Child Welfare system, the Ages & Stages Emotional screen is also done. Should the family decide to move forward with evaluations, the results of the screening are shared with the evaluation team and recommendations for evaluation focus are made. All development areas are evaluated and in addition the areas that show most concern in the screen are evaluated by discipline specific evaluators. i.e. social emotional concerns would be referred for evaluation by a mental health evaluator, motor concerns are evaluated by physical and/or occupational therapists.

South Dakota is one of 13 states with Moderate Eligibility Criteria.

In South Dakota, schools determine eligibility for Part C. Historically SD has served children from birth to three in need of prolonged assistance under Part B. With the advent of Part C, the school districts retained their responsibility to serve its children with more severe impairments. Prolonged assistance is defined as “children from birth through two who through a multidisciplinary evaluation, score two standard deviations or more below the mean in two or more of the following areas: cognitive development, physical development including vision and hearing, communication development, social or emotional development, and adaptive development.”

If a child’s eligibility scores meet the prolonged assistance definition, they are served by schools via the Part C rules with the school having the financial responsibility. If the infants and toddlers, birth to 36 months of age are eligible under the Part C definition, Part C is financially responsible. Part C eligibility is defined as:

- 1) Performing at 25 percent below normal age range; or
- 2) Exhibiting a six-month delay; or
- 3) Demonstrating at least 1.5 standard deviation below the mean; or
- 4) Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay such as Down’s Syndrome and other chromosomal abnormalities; sensory impairments, including vision and hearing; inborn errors of metabolism; microcephaly; severe attachment disorders including failure to thrive; seizure disorders; and fetal alcohol syndrome.

A developmental delay may be manifested in one or more of the following areas:

- 1) Cognitive development;
- 2) Communication development - receptive , expressive or both;
- 3) Social or emotional development;
- 4) Adaptive development; and
- 5) Physical development including vision and hearing.

In circumstances where children are made eligible for early intervention services because of their medical diagnosis, the record must reflect a physician’s statement documenting the diagnosis. Comprehensive, multidisciplinary evaluations must still be conducted.

Informed clinical opinion is used to determine eligibility when the evaluation team determines that testing instruments do not seem to address a child’s developmental level. The issue of prolonged assistance becomes moot in that the child could not get accurate standardized scores so it is assumed the child will not be eligible as needing prolonged assistance. The team then does other criterion referenced tests if appropriate and/or uses their clinical experience to determine what outcomes would be appropriate for the child and what services are recommended.

Baseline Data for FFY 2004 (2004-2005):

- A. For Federal fiscal year (FFY) 2004 (2004-2005), South Dakota served 0.89% of infants, birth to one, with IFSPs, compared to states with moderate eligibility whose average was 0.91%.
- B. For Federal fiscal year (FFY) 2004 (2004-2005), South Dakota served 0.89% of infants, birth to one, with IFSPs, compared to the national average of 0.92%.

**Percentage of children
birth to one served on
December 1, 2004
(excludes at risk)**

Moderate Eligibility Criteria	
13 States	% served 2004
Rhode Island	1.75%
Indiana	1.69%
Delaware	1.33%
New York	1.10%
Illinois	1.09%
National Goal	1.00%
National Average	0.92%
Moderate Average	0.91%
South Dakota	0.89%
Alaska	0.82%
Colorado	0.74%
Montana	0.67%
New Jersey	0.53%
Kentucky	0.46%
Minnesota	0.41%
Puerto Rico	0.37%

Birth to One	2003	2004
Estimated state population of children under the age of one based on 2000 census data	10,463	10,855
Child count for children under the age of one	70	97
Percentage of children birth to one served on December 1, 2003	0.67%	0.89%
National goal (actual achievement)	1.00% (0.97%)	1.00% (0.92%)

Discussion of Baseline Data:

Of the 13 states in the moderate eligibility criteria category, South Dakota ranks 6th in percentage of children served age birth to one. Seventy children out of 10,463 children in the state of this age or 0.67% had active IFSPs on December 1, 2003. This is .03% below the national goal for states as set by OSEP of serving 1% in this age group.

The FFY 2004 state data shows that South Dakota served ninety-seven children. The estimated population of children this age for 2004 is 10,855. The percentage of children served on December 1, 2004 is 0.89%. This is a significant increase from the previous year and brings the state to within 0.1% of the national goal.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	South Dakota will increase under age 1 child count to .91 percent of infant and toddlers.
2006 (2006-2007)	South Dakota will increase under age 1 child count to .93 percent of infant and toddlers.
2007 (2007-2008)	South Dakota will increase under age 1 child count to .95 percent of infant and toddlers.
2008 (2008-2009)	South Dakota will increase under age 1 child count to .97 percent of infant and toddlers.
2009 (2009-2010)	South Dakota will increase under age 1 child count to .99 percent of infant and toddlers.
2010 (2010-2011)	South Dakota will increase under age 1 child count to 1.01 percent of infant and toddlers.

Improvement Activities/Timelines/Resources:

ACTIVITIES	RESOURCES	TIMELINES
Collect data on referral sources and identify gaps in outreach	<ul style="list-style-type: none"> State Staff Service Coordinators 	<ul style="list-style-type: none"> July 1, 2005- June 30, 2011
Meet with NICU staff of Sioux Valley Hospital, Avera McKennan Hospital, and Rapid City Regional Hospital, to dialog with them about the importance of Birth to 3 Connections program for families in South Dakota and develop a protocol for referrals specific to the staff and needs of each facility.	<ul style="list-style-type: none"> State staff State Department of Health partners 	<ul style="list-style-type: none"> Begin March 2006 – June 30, 2011
Have memorandums of understanding developed with each NICU in the state	<ul style="list-style-type: none"> State staff State Department of Health partners 	<ul style="list-style-type: none"> December 31, 2011

Identify each of the birthing facilities in the state and develop a training packet and presentation on appropriate referrals to Birth to 3 Connections.	<ul style="list-style-type: none"> • State staff • Local service coordinators • State Department of Health partners 	<ul style="list-style-type: none"> • Begin July 1, 2006
Review and update marketing materials and website for the Birth to 3 Connections program	<ul style="list-style-type: none"> • State staff • Service Coordinators • Interagency Coordinating Council 	<ul style="list-style-type: none"> • Fall 2006 – June 30, 2011